

FAIRVIEW MIDDLE SCHOOL SCHEDULE CHANGE REQUEST FORM

Student Name: _____ Student #: _____ Grade: _____

Parent/Guardian Name : _____

Phone Number: _____ E-mail: _____

INDICATE REASON FOR THE REQUEST

CHECK ONE OF THE FOLLOWING:

- Did not receive a required core course (math, ELA, science, or social studies)
- Enrolled in a course you have already completed and received credit.
- Enrolled in a course for which you have not met the prerequisite (HS Credit).
- Do not have a full schedule of seven (7) classes.
- Have a documented physical injury that does not allow participation in a class.
- Wish to increase rigor of schedule.

INDICATE WHICH COURSE(S) YOU'D LIKE TO DROP/ADD:

DROP COURSE

ADD COURSE

ALTERNATIVE CHOICE

_____	_____	_____
_____	_____	_____

Your signature below indicates that you understand that there will be ABSOLUTLEY NO changes made because you changed your mind about a course, do not care for a teacher, do not like your lunch period, have disciplinary issues or wish to be with your friends. **One of the above reasons must be indicated and apply to your request.**

PLEASE KEEP IN MIND THE FOLLOWING:

- No changes are guaranteed, even if a teacher has agreed to a change.
- No phone calls or e-mails regarding schedule changes will be accepted. Please submit this form.
- **This form will not be accepted after August 18th.**
- Your schedule request may alter other periods, courses, and teachers displayed on your current schedule.
- Please print neatly. If we can't read your writing, this request may be delayed.
- Please return this form to Mrs. Bell.

Parent Signature (REQUIRED): _____ Date: _____

Student Signature: _____ Date: _____

ADMIN ONLY

_____ Accepted _____ Denied

Signature: _____ Date: _____